

For Town Use Only

For Mail Requests, Please return Application with ID to:

ID received _____ yes _____ no
Payment Received _____ yes _____ no
Copy sent/given _____ yes _____ no
Date _____ Initials _____

ATTN: Town Clerk

Town of Enfield

820 Enfield Street

Enfield, CT 06082

DO NOT MAIL CASH

TOWN OF ENFIELD
REQUEST FOR COPY OF BIRTH CERTIFICATE
ID REQUIRED/PHOTOGRAPHIC ID PREFERRED (SEE REVERSE)

PLEASE PRINT

A. REQUEST FOR COPY OF BIRTH CERTIFICATE (check one)

SHORT FORM \$5.00 _____ LONG FORM \$5.00 _____

B. BIRTH CERTIFICATE INFORMATION

FULL NAME AT BIRTH: _____

DATE OF BIRTH: _____ SEX: M _____ F _____

PLACE OF BIRTH : (TOWN, HOSPITAL, ETC.) _____

C. PARENTS OF PERSON NAMED IN BIRTH CERTIFICATE

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

PARENT'S BIRTHPLACE (STATE) FATHER: _____ MOTHER: _____

RESIDENCE OF PARENTS AT TIME OF BIRTH: _____

D. STATEMENT AND CERTIFICATION OF PERSON MAKING THE REQUEST

FULL NAME: _____

ADDRESS (NO. & STREET): _____

(TOWN, STATE & ZIP): _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE

CHECK APPROPRIATE:

MYSELF _____ (Must be 16 or over - short form only) or
_____ (must be 18 or over - long or short form)

MY CHILD _____ MY GRANDCHILD _____ MY SPOUSE _____ MY PARENT _____

PERSON WHOM I LEGALLY REPRESENT _____ (Court Appointment required)

MY GRANDPARENT _____ (Certified copy of parent's marriage license or Birth certificate required)

I AM A MEMBER OF AN INCORPORATED OR AUTHORIZED TO DO BUSINESS OR CONDUCT AFFAIRS IN THIS STATE GENEALOGICAL SOCIETY (see back for Authorized list) _____

I CERTIFY, AS THE UNDERSIGNED REQUESTOR, THAT THE ABOVE INFORMATION AND STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE, AND FURTHER THAT I UNDERSTAND THAT IF I MAKE A STATEMENT THAT IS UNTRUE AND WHICH IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION, I WILL BE IN VIOLATION OF SECTION 53a-157b (FORMERLY SECTION 53a - 157) OF THE CONNECTICUT GENERAL STATUTES. PLEASE KNOW THAT SUCH FALSE STATEMENT IS A CLASS A MISDEMEANOR.

SIGNATURE OF PERSON MAKING REQUEST

DATE

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES REGULATION

(NEW) Section 19a-41-2. A copy of or access to birth certificates.

- (a) Anyone requesting a copy of, either in person or by mail, or access to or permission to examine the original or any copy of the birth certificate or birth record in the custody of any registrar of vital statistics or the Department of Public Health shall provide documentation proving that such person is entitled to a copy of or access to birth certificates under Section 7-51 of the Connecticut General Statutes.
- (b) The person whose birth is recorded, if over eighteen (18) years of age, or that person's parent or guardian if that person is a minor shall submit a photographic identification. Should a photographic identification be unavailable, originals or photocopies of two (2) of the following documents shall be substituted for it.
 - (1) social security card;
 - (2) written verification of identity from employer;
 - (3) automobile registration;
 - (4) copy of utility bill showing name and address;
 - (5) checking account deposit slip stating name and address;
 - (6) voter registration card.

AUTHORIZED GENEALOGICAL SOCIETIES IN CONNECTICUT

Connecticut Ancestry Society, Inc
Connecticut Society of Genealogist, Inc
Descendants of the Founders of Ancient Windsor, Inc.
French-Canadian Genealogical Society of Connecticut, Inc.
Friends of Godfrey Memorial Library, Inc
Jewish Genealogical Society of Connecticut, Inc.
Killingly Historical & Genealogical Society, Inc
Middlesex Genealogical Society, Inc
Polish Genealogical Society of Connecticut, Inc
Southington Genealogical Society, Inc.
Indian & Colonial Research Center, Inc.
Gaelic-American Club, Inc.